

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 08, 2001 08:00 AM****Secretary of State****DOCUMENT # P93000088828**1. Entity Name
BOZEMAN, JENKINS & MATTHEWS, P.A. ATTORNEYS AT LAW

Principal Place of Business

220 W GARDEN STREET
SUITE 801
PENSACOLA
32501

FL

Mailing Address

220 W GARDEN STREET
SUITE 801
PENSACOLA
32501

FL

2. Principal Place of Business

114 EAST GREGORY STREET

3. Mailing Address

114 EAST GREGORY STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA

FL

City & State

PENSACOLA

FL

Zip
32501

Country

Zip
32501

Country

4. FEI Number

59-3106872

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

JENKINS THOMAS R
220 W GARDEN STREET
SUITE 801
PENSACOLA
32501

FL

US

7. Name and Address of New Registered Agent

Name

JENKINS THOMAS R

Street Address (P.O. Box Number is Not Acceptable)

114 EAST GREGORY STREET

City
PENSACOLA

FL

Zip Code
32501

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/08/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	BOZEMAN FRANK CHH	
STREET ADDRESS	220 W. GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS LARRY A	
STREET ADDRESS	220 W GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENKINS THOMAS R	
STREET ADDRESS	220 W GARDEN STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TALBERT J. ANDREW	
STREET ADDRESS	114 EAST GREGORY STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRICKE JOHN FJR.	
STREET ADDRESS	114 EAST GREGORY STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOZEMAN FRANK CHH	
STREET ADDRESS	114 EAST GREGORY STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS LARRY A	
STREET ADDRESS	114 EAST GREGORY STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS THOMAS R	
STREET ADDRESS	114 EAST GREGORY STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. JENKINS

PRES

01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)